

Assisted by Drs. Wood, Gray, and his pupil, Mr. Jones, Dr. B. proceeded at once to the removal of the bone. The patient having been brought under the influence of a mixture of chloroform and ether, he commenced his incision about the middle of the sternum, and carried it to the external fistulous opening. Great care was taken in isolating the bone from its important connections, and it was divided with a saw at the point above indicated, with the hope that the external third might be saved. On a more careful examination of the latter, however, it was found to be in an unsound condition, and was removed to its junction with the acromion. The interarticular cartilage at the sterno-clavicular articulation was softened, and a considerable portion of it had disappeared. The internal third of the bone was disorganized beyond the power of reparation or of removal, unassisted by art. The operation being completed, a little lint was introduced, the integuments brought together, and the whole neatly dressed by Dr. Wood, under whose skilful attention the patient was enabled in ten days to attend to his business. Three weeks have now elapsed since the operation, and not an unpleasant symptom has appeared; nor are there any indications of the extension of the malady to the sternum.

*Fatal Hemorrhage from Tapping an Ovarian Tumour.*—Dr. E. A. PEASLEE presented to the New York Pathological Society (Feb. 13, 1856) an encysted ovarian tumour, weighing 45 pounds, removed from a lady aged 41, who first observed a tumour in the left iliac region between three and four years ago, which has gradually increased up to the present time (Feb., '56), with slight fluctuations in size. It had from the first been regarded as *ovarian*. The patient was first seen by Dr. P. in May, 1855, she wishing to obtain his opinion in regard to the propriety of an operation for its removal by the large abdominal section. On examination, he found the abdominal circumference to be 47 inches, the walls of the abdomen so tense that he could not decide whether the mass consisted of many or few distinct sacs. The general condition of the patient was so low, that he did not for a moment entertain the idea of an operation, and gave his opinion accordingly.

He did not again see her till the 25th of last month (Jan., '56) when he was again requested to remove the mass. To his surprise, her condition had much improved since May, '55 (though she had failed during the past summer); and, though the tumour had risen somewhat higher in the epigastrium, her circumference was but 48 inches. Appetite pretty good, respiration somewhat hurried, though, when sitting or lying quiet, there was no dyspnoea. Bowels regular; action of kidneys rather free. He did not, however, *advise* the operation of ovariectomy; though to her inquiry, whether she was apparently in as good a general condition as the two persons on whom he had operated successfully, he was obliged to reply in the affirmative; and, moreover, that it was impossible to ascertain whether the mass was adherent or not, without previously evacuating the sacs, by tapping, to such an extent as to admit a more exact examination, and that he could not express any opinion in favour of ovariectomy without previously tapping her; and if, in doing this, he found the mass extensively adherent, or could not decide that it was *not* adherent, in that event he would not entertain the idea of an operation. He did not advise the tapping even, since, though he regarded this operation as hardly dangerous in any degree, she was informed that the mass might be made up of very many small sacs, and without a single large one, and in that case she would be disappointed, and *he* should not arrive at any positive result as to the adhesion or non-adhesion of the tumour. The patient had a decided aversion to being tapped, unless she was assured that ovariectomy would follow, since a sister, who had been tapped a few years since, for the same disease, died a week after of peritonitis, and because she supposed, if once tapped, a repetition of the operation would be frequently necessary. After a deliberation of five days on the subject, the patient again sent for Dr. P., and informed him that she had decided to be tapped, as preliminary to the decision of the question whether he would perform ovariectomy or not. The operation was performed, in the usual way, on the 4th inst., assisted by Dr. Ranney, of Twenty-third Street. Her condition was good. Fluctuation indicated the existence of a distinct sac of considerable size, in and below the

umbilical region, and another higher up. The former was at once reached by the trocar, and six pints of clear and highly gelatinous fluid (to the sense of touch) evacuated; and, on partially withdrawing the canula, two pints more of a milky fluid were withdrawn, evidently from another sac, which had been traversed by the instrument, while on its way to the larger one. On changing the direction of the canula to penetrate another sac, a few drops of venous blood flowed through the instrument. This he thought proceeded from a minute vessel on the interior of the sac, which had been punctured, as he had seen the same thing before. Several smaller sacs were then punctured, and, on withdrawing the canula as before, a few drops of venous blood again appeared. Fearing this might escape, through the puncture in the sac, into the cavity of the peritoneum, he waited until the dropping entirely ceased, and then withdrew the canula. With a curved trocar, other more distant sacs were evacuated. The mass now seemed to be composed of small cysts, and it seemed impossible to reduce the tumour much more. Further attempt was therefore discontinued. More blood now flowed through the canula; he waited till all oozing ceased, before finally withdrawing the instrument. Fifteen pounds of fluid had been withdrawn. The patient was fatigued by the prolonged operation, and depressed in mind from the fact that the operation must fail to demonstrate the adherence or non-adherence of the tumour; but, with the exception of some faintness and sickness of the stomach, nothing worthy of mention occurred. The tumour could be slightly moved below the umbilicus, but not at all at the upper part; the idea of the operation of ovariectomy was therefore abandoned. The next morning before 10 o'clock he was requested to visit the patient in haste, as she seemed to be sinking; before he arrived, she was dead. She had passed a tolerably comfortable night, with sickness of the stomach at times, but presented no grave symptoms till 8 o'clock, when her expression changed, and she became restless, and died before 10.

*Post-mortem examination, 6½ hours after death.*—Some bloody serum had escaped from the puncture through the abdominal walls. On cutting through the latter on the median line, a thick and very vascular membrane was found intervening between the parietal peritoneum and the ovarian mass; and a layer of bloody serum was seen between this and the mass, one or two inches deep. This membrane was found to cover over the whole tumour anteriorly and laterally, like an apron, it being also adherent to the tumour on both sides, as well as to the pelvis and the lower portion of the tumour. On further examination, the membrane just described was found to be the omentum major; and the hemorrhage had proceeded from a small vein, which had been punctured in penetrating it to reach the first sac. It had become so thick and firm, as well as vascular, by constant pressure and the motions of the tumour, that he had mistaken it for the wall of the sac first punctured, and the blood, which, during the operation, he supposed had flowed from the inner wall of the sac, had really flowed from the membrane just mentioned into the cavity, formed by the adhesions before specified, between itself and the diseased mass. But little bloody serum had escaped into the cavity of the peritoneum, and it was judged that not more than eight or ten ounces had been lost in all. The tumour (which was shown) was found extensively adherent to its upper and lateral portion, not so much so below the umbilicus. Its removal would not have been attempted during life, had it been exposed to view for that purpose, by any judicious surgeon. It was found to consist of an immense number of small sacs, as you perceive, and weighed forty-five pounds, making sixty pounds in all before the operation of paracentesis. It was chiefly developed from the left ovary, and both Fallopian tubes were closed up and distended with a putty-like substance, in which broken-up epithelial cells predominate.

It may be proper here to remark that, though a married lady for several years past, she had never been pregnant; menstruation had been regular till within the last year and a half. Dr. P. observed that the hemorrhage must be regarded as the "*causa sine qua non*" of death in this case. That is, had no hemorrhage occurred, death might not have taken place in any immediate connection with the operation. A quantity of blood between the omentum and the tumour, with a small amount also in the peritoneal cavity, must have in a few days led to a

fatal result; but, in accounting for a death occurring within sixteen and a half hours after the operation, and where the amount of blood lost was so small, we should doubtless also take into consideration the exhaustion from the operation, and especially the mental shock produced by the knowledge that the operation had led to no positive result in diagnosis, and that therefore nothing further would be done.

The source of the hemorrhage was, as far as he knew, *peculiar*. Branches of the internal epigastric artery have sometimes been wounded; the bladder has been wounded; the uterus, happening to lie in front of the tumour, has also been punctured; and one of the Fallopian tubes, also, happening to be stretched over it in front, has been transfixed. But he has never heard of the greater omentum being injured by a puncture, at a point usually regarded as the safest, half way between the pubis and the umbilicus. Indeed, in all ordinary circumstances, where the abdomen is largely distended, it is impossible that the omentum should extend to this point. For it is not long enough, naturally, to extend even to the umbilicus in a case like this, even though it originally fall into the pelvis; and, moreover, it is uniformly, as far as he is aware, pushed up by the tumour during its development from below, and is generally found somewhat folded, and not reaching more than half the distance from the stomach to the umbilicus. In this case, the omentum was not less than two and a half feet long, as the specimen will show, since it completely covered the tumour anteriorly and laterally. And since, had it been free at its lower extremity at the time the tumour first began to grow, the latter would doubtless have merely lifted it up as is usual, Dr. P. inferred that the omentum had become adherent to some portion of the pelvic peritoneum before the tumour began to be developed. Thus the tumour grew upwards behind the omentum, which thus was expanded over the whole length of the tumour.

Finally, the whole extent of the omentum was equally vascular; and, had the puncture been made at any other point, there is no reason for believing that the hemorrhage would have been less than that which actually occurred.—*New York Medical Times*, May, 1856.

*Bullet in Bronchial Tube, expelled after remaining there two weeks.*—The following interesting case is related (*St. Louis Med. and Surg. Journ.*, Sept. 1856) by Dr. SAMUEL S. EMISON, of Lafayette, Mo.:—

"On the 15th of May last, Emet Shannon, aged nine years, of good constitution, permitted a bullet, one-fourth of an inch in diameter, which he had in his mouth, to slip through the rima glottidis. He was instantly oppressed with violent dyspnoea and convulsive expiratory efforts, which continued ten or fifteen minutes, and were succeeded by prostration and pallor of face and lividity of lips.

"An hour after the accident, when I first saw him, he was cheerful and easy in all respects. There was no cough, dyspnoea, pain, nor was there any appreciable departure from the normal respiratory murmur. His whole appearance so little corresponded with what we supposed a foreign body, such as we have described, would produce, that we flattered his friends with the decided opinion, that it had passed into the oesophagus and that it would readily be expelled per viam naturalem. No change having taken place at the expiration of two hours, nothing was enjoined but quiet. Four hours after he was suddenly attacked with severe paroxysmal pain in the stomach and bowels. There being still no thoracic disturbance, the pains were ascribed to indigestible substances in the stomach, and an emetic given which brought up his unchanged breakfast, but no relief. A full dose of a mercurial and anodyne was given, and the anodyne repeated pro re nata, during the next twenty-four hours. During the afternoon of the 16th his pulse became frequent, face flushed and respiration accelerated; the pain in the stomach returned as soon as the effects of the anodyne abated. There were none of the physical signs indicative of congestion, or inflammation of the lungs. There was considerable indistinctness of the vesicular murmur in the subclavicular region, but no dulness on percussion of the left lung, anteriorly. Took hydr. submus. and comp. pul. opii et ipecac., every three hours. Afternoon of 17th—pulse 120; respiration very much accelerated; pain in the top of left shoulder; tenderness on percussion